

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021833

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

XC 3121983

SL 22156

Primary Registration District No.

1003

Registrar's No.

4939

FILED MAY 17 1963

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis,

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St Louis

Length of stay in 1b

13 days

c. CITY

OR
TOWN

Lemay

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Vets Admin Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

126 E Ripa

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Frank

Middle

X

Last

Kraemer

4. DATE

OF
DEATH

Month

Day

Year

5/5/63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

11/18/86

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Retired Butcher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Kraemer

13b. MOTHER'S MAIDEN NAME

Giesert

14. NAME OF HUSBAND OR WIFE

Alma Kraemer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

Yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Alma Kraemer (wife) See 2 Above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHOPNEUMONIA

DUE TO (b)

INTESTINAL OBSTRUCTION

DUE TO (c)

570.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home;

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from

4/23/63

to 5/5/63

and last saw him alive on

5/5/63

Death occurred at

11:10 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title) ROLAND B. MERNITZ

MD

ADDRESS

VAH, St Louis, Mo.

22c. DATE SIGNED

5/6/63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

23b. DATE

5-8-1963

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

Fendler Und. Co. 7420 Michigan

25. DATE RECD. BY LOCAL REG.

MAY 7 1963

26. REGISTRAR'S SIGNATURE

Loat Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.